

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

NOV 16 1937

1. PLACE OF DEATH

County Callaway  
Township St. Aubert  
City Mokane (No.       )

Registration District No. 106  
Primary Registration District No. 5154

File No. 37311  
Registered No. 25  
St.        Ward       

2. FULL NAME

(a) Residence, No.         
(Usual place of abode)

Johannaber  
St.        Ward         
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S. D. Johannaber  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3, 1871  
7. AGE YEARS 66 MONTHS 0 DAYS 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Warren County  
(STATE OR COUNTRY) Missouri

13. NAME Henry Krueger  
14. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

15. MAIDEN NAME Caroline Mische  
16. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

17. INFORMANT S. D. Johannaber  
(ADDRESS) Mokane, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mokane DATE 10/11/1937

19. UNDERTAKER Glen Y. Manning  
(ADDRESS) Mokane, Mo.

20. FILED 10-11- 1937 W. S. Williamson  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1937 to Oct. 9, 1937

I last saw her alive on Oct. 7, 1937 Death is said to have occurred on the date stated above, at 11: A.m.

The principal cause of death and related causes of importance were as follows:

Sclerosis of liver  
Date of onset       

Other contributory causes of importance:

Name of operation        Date of       

What test confirmed diagnosis?        Was there an autopsy?       

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?        Date of injury       , 19      

Where did injury occur?         
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury       

Nature of injury       

24. Was disease or injury in any way related to occupation of deceased?

If so, specify       

(Signed) W. S. Williamson, M. D.

(Address)

